

**AGREED PETITION FOR CUSTODY**  
**(Juvenile Court 31(B)(1))**  
**(No custody order in place – parties AGREE to custody)**

1. Instructions
2. Petition (with numbered blanks)
3. Petition
4. Waiver of Service
5. Hearing Notice
- 6.. Affidavit of Indigency
7. Affidavit of Income and Expenses
8. Parenting Proceeding Affidavit
9. Health Insurance Affidavit
10. Application for Child Support Services

## INSTRUCTIONS FOR AGREED PETITION FOR CUSTODY Juvenile Court

Attached is a form petition for agreed custody. Both mother and father must sign these forms. Do not use if there is a disagreement over custody. These instructions are intended to be a general guide to help you get the form filled out, filed with the Court, and to get your request properly before the Judge. These instructions are not intended to be a legal analysis of your request of whether or not your petition will be granted, but merely to assist you in preparing and presenting your request.

### A. FILLING OUT THE FORMS

1. You both should fill out these forms before you go to the Courthouse to file it. Other than telling you the time and date of the hearing, the Court staff will not help you in completing these forms.
2. Attached are the sample petition with the blanks.
3. **PETITION FOR ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES**  
- In the #1 blank, fill in the county where you and the child(ren) live. In the #2 blank, fill in the name of the minor child(ren). In the #3 blank, fill in your name. In the #4 blank, fill in the name of the other parent. In the #5 blank, fill in the name of the minor child(ren). In the #6 blank, fill in the date(s) of birth of the minor child(ren). In the #7-8 blanks, fill in the name and address of the mother. In the #9-10 blanks, fill in the name and address of the father. In the #11 blank, fill in the name of the person the child(ren) is/are living with at the present time. In the #12 blank, fill in the name of the parent who will be granted custody. In the #13-14 blanks, you both should sign your name IN FRONT OF A NOTARY and fill in your address. The notary will complete the rest of the form. A notary public can be found by looking into the yellow pages or can often be found at your local bank.
4. You will also need to file a **WAIVER OF SERVICE OF SUMMONS**. Fill in the top of the form. Make sure to fill in the addresses of both parents.
5. If you cannot afford to pay the filing fee or the other parent cannot, you will need an **AFFIDAVIT OF INDIGENCY** which is enclosed. This does not mean you will not be responsible for Court costs. It means that if you cannot afford to pay the filing fee or the other parent cannot, you will need an **AFFIDAVIT OF INDIGENCY** which is enclosed. This does not mean you will not be responsible for court costs. It means that you would not have to prepay the costs. **YOU BOTH MUST SIGN ONE.**
6. You will need to get a certified copy of the birth certificate of the minor child.
7. Fill out the Affidavit of Income and Expenses. Answer all questions as completely and accurately as you can. Fill in the income and expenses for both of you as best you can. Both of you must sign the affidavit in front of a Notary Public.

8. Fill out the document called "Parenting Proceeding Affidavit." Both of you must sign the affidavit in front of a Notary Public.
9. Fill out the Health Insurance Affidavit.
10. Fill out the Application for Child Support Services.
11. Make three copies of every page.

**B. FILING THE PETITION**

1. After you have filled all the forms out, make three copies of each and go to the office of the Clerk of Courts of the Juvenile Court in the county where you and the minor child live. This is the only place you can file your Petition. File the Petition and all other documents.
2. There will be a filing fee for the filing of this petition and you should ask how much it is. If you are unable to pay the filing fee, you can file this with an Affidavit of Indigency which we have enclosed. Remember, this does not mean that you will never have to pay Court costs, it means that you will not have to prepay the costs. It is up to the Court to decide who pays Court costs.
3. At the time of the filing, the Clerk of Courts will take the original and one or two copies of the Petition and Affidavits. Ask for a time-stamped copy so that you can have a copy for your records.
4. Ask the Clerk for a copy of the Visitation Guidelines and also how to schedule a hearing. Follow the instructions carefully.

**C. HEARING**

1. You both will need to appear at the hearing on the date and at the time the Court schedules it. Take the children's birth certificates with you.
2. You will need to tell the Judge why you agreed to custody and what you want with regard to visitation. You may also want to bring other witnesses who can give important information about you or your child.
3. Because the Court may ask you about your financial information, you should both take with you proof of your income (i.e. letter from the welfare office, letter from employer, check stub, letter from Social Security).
4. Answer the questions truthfully and try to respond to the questions that you are asked. Listen to the question and make sure you understand it before you answer it. If you do not understand the question or are not sure what you are being asked, you have the right to have the question explained to you before answering and you should be sure and ask to have it explained to you.

**GOOD LUCK!**

**IN THE COURT OF COMMON PLEAS**  
**-1- COUNTY, OHIO**  
**JUVENILE DIVISION**

IN THE MATTER OF:

\_\_\_\_\_  
-2-  
Minor Child(ren)

Case No. \_\_\_\_\_

Child(ren) of:

\_\_\_\_\_  
-3-

and

\_\_\_\_\_  
-4-

**AGREED PETITION FOR**  
**ALLOCATION OF PARENTAL RIGHTS**  
**AND RESPONSIBILITIES**

1. We are the parents of the minor child(ren), \_\_\_\_\_ -5- born  
\_\_\_\_\_  
-6-.
2. The natural mother of the minor child(ren) is: \_\_\_\_\_ -7- and resides at  
\_\_\_\_\_  
-8-. The natural father of the minor child(ren) is:  
\_\_\_\_\_  
-9- and he resides at \_\_\_\_\_ -10-  
\_\_\_\_\_.
3. The minor child(ren) is/are currently residing with \_\_\_\_\_ -11-. It is in the  
best interest of the child(ren) that \_\_\_\_\_ -12- be granted custody.
4. The child(ren) is/are not the ward of another court in Ohio.

WHEREFORE, we hereby request that \_\_\_\_\_ be named residential  
parent and sole custodian of the above minor child(ren).

\_\_\_\_\_  
-13-  
Mother

\_\_\_\_\_  
-14-  
Father

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Ohio,

ss:

\_\_\_\_\_ County.

Before me, a Notary Public, in and for said county, did personally appear the above named \_\_\_\_\_ and signed the foregoing Agreed Motion for Change of Residential Parent and Legal Custodian of his/her own free act and deed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

State of Ohio,

ss:

\_\_\_\_\_ County.

Before me, a Notary Public, in and for said county, did personally appear the above named \_\_\_\_\_ and signed the foregoing Agreed Motion for Change of Residential Parent and Legal Custodian of his/her own free act and deed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

**IN THE COURT OF COMMON PLEAS**  
**\_\_\_\_\_ COUNTY, OHIO**  
**JUVENILE DIVISION**

IN THE MATTER OF:

\_\_\_\_\_  
Minor Child(ren)

Case No. \_\_\_\_\_

Child(ren) of:

\_\_\_\_\_

and

\_\_\_\_\_

**AGREED PETITION FOR**  
**ALLOCATION OF PARENTAL RIGHTS**  
**AND RESPONSIBILITIES**

1. We are the parents of the minor child(ren), \_\_\_\_\_ born \_\_\_\_\_.
2. The natural mother of the minor child(ren) is: \_\_\_\_\_ and resides at \_\_\_\_\_.  
The natural father of the minor child(ren) is: \_\_\_\_\_ and he resides at \_\_\_\_\_.
3. The minor child(ren) is/are currently residing with \_\_\_\_\_. It is in the best interest of the child(ren) that \_\_\_\_\_ be granted custody.
4. The child(ren) is/are not the ward of another court in Ohio.

WHEREFORE, we hereby request that \_\_\_\_\_ be named residential parent and sole custodian of the above minor child(ren).

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of Ohio,

ss:

\_\_\_\_\_ County.

Before me, a Notary Public, in and for said county, did personally appear the above named \_\_\_\_\_ and signed the foregoing Agreed Motion for Change of Residential Parent and Legal Custodian of his/her own free act and deed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

State of Ohio,

ss:

\_\_\_\_\_ County.

Before me, a Notary Public, in and for said county, did personally appear the above named \_\_\_\_\_ and signed the foregoing Agreed Motion for Change of Residential Parent and Legal Custodian of his/her own free act and deed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

**IN THE COURT OF COMMON PLEAS**  
**\_\_\_\_\_ COUNTY, OHIO**  
**JUVENILE DIVISION**

IN THE MATTER OF:

\_\_\_\_\_  
Minor Child(ren)

Case No. \_\_\_\_\_

Child(ren) of:

\_\_\_\_\_  
Mother

\_\_\_\_\_  
(address)

and

\_\_\_\_\_  
Father

\_\_\_\_\_  
(address)

**WAIVER OF SERVICE OF SUMMONS**

The parties, each being over eighteen years of age, not under any disability, and each in agreement to the terms in the Petition, do each hereby waive service of summons and state that they each have received a copy of the Petition and voluntarily enter their appearance herein.

Date: \_\_\_\_\_

\_\_\_\_\_  
Mother

Date: \_\_\_\_\_

\_\_\_\_\_  
Father

**IN THE COURT OF COMMON PLEAS**  
**\_\_\_\_\_ COUNTY, OHIO**  
**JUVENILE DIVISION**

IN THE MATTER OF:

Case No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child(ren)

**HEARING NOTICE**

Take notice that a hearing will be held on the foregoing Petition in the \_\_\_\_\_  
County Court of Common Pleas, Juvenile Division, on \_\_\_\_\_, the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_ M..

\_\_\_\_\_



**COURT OF COMMON PLEAS  
COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff/Petitioner

v./and

\_\_\_\_\_  
Defendant/Petitioner

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to make complete disclosure of income, expenses and money owed. It is used to determine child and spousal support amounts. Do not leave any category blank. Write "none" where appropriate. If you do not know exact figures for any item, give your best estimate, and put "EST." **If you need more space, add additional pages.**

**AFFIDAVIT OF INCOME AND EXPENSES**

Affidavit of \_\_\_\_\_  
(Print Your Name)

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

**SECTION I - INCOME**

	<u>Husband</u>	<u>Wife</u>
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	_____	_____
Payroll address	_____	_____
Payroll city, state, zip	_____	_____
Scheduled paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

**A. YEARLY INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS**

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ 3 years ago 20 _____	\$ _____
	\$ _____ 2 years ago 20 _____	\$ _____
	\$ _____ Last year 20 _____	\$ _____

**B. COMPUTATION OF CURRENT INCOME**

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		
_____	\$ _____	\$ _____
Other income (type and source)		
_____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

**SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS**

Minor and/or dependent child(ren) who are adopted or born of this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above children there is/are in your household:

\_\_\_\_\_ adult(s)  
 \_\_\_\_\_ other minor and/or dependent child(ren).

**SECTION III – EXPENSES**

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Real estate taxes (if not included above)	\$ _____
Second mortgage/equity line of credit	\$ _____
o Electric	\$ _____
o Water and sewer	\$ _____
o Trash collection	\$ _____
Cleaning, maintenance, repair	\$ _____
Other:	\$ _____
<b>TOTAL MONTHLY : \$ _____</b>	

**B. OTHER MONTHLY LIVING EXPENSES**

[REDACTED]

Groceries (including food, paper, cleaning products, toiletries, other) \$ \_\_\_\_\_

[REDACTED]

Transportation

[REDACTED]

Vehicle maintenance (oil, repair, license) \$ \_\_\_\_\_

[REDACTED]

Parking, public transportation \$ \_\_\_\_\_

[REDACTED]

Clothes (other than children's) \$ \_\_\_\_\_

[REDACTED]

Personal grooming

[REDACTED]

Other \$ \_\_\_\_\_

[REDACTED]

Internet (if not included elsewhere) \$ \_\_\_\_\_

[REDACTED]

**TOTAL MONTHLY \$ \_\_\_\_\_**

**C. MONTHLY CHILD-RELATED EXPENSES**  
(for children of the marriage or relationship)

[REDACTED]

Other child care \$ \_\_\_\_\_

[REDACTED]

Special and unusual needs of child(ren) (not included elsewhere) \$ \_\_\_\_\_

[REDACTED]

School supplies \$ \_\_\_\_\_

[REDACTED]

Extracurricular activities, lessons \$ \_\_\_\_\_

[REDACTED]

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY \$ \_\_\_\_\_**

D. INSURANCE PREMIUMS

[REDACTED]		
Auto	\$ [REDACTED]	
[REDACTED]		
Disability	\$ [REDACTED]	
[REDACTED]		
Other	\$ [REDACTED]	
[REDACTED]		
<b>TOTAL MONTHLY</b>		\$ [REDACTED]

E. MONTHLY EDUCATION EXPENSES

[REDACTED]		
o Self	\$ [REDACTED]	
[REDACTED]		
Books, fees, other	\$ [REDACTED]	
[REDACTED]		
Other	\$ [REDACTED]	
[REDACTED]		
<b>TOTAL MONTHLY:</b>		\$ [REDACTED]

F. MONTHLY HEALTH CARE EXPENSES  
(not covered by insurance)

[REDACTED]		
Dentists	\$ [REDACTED]	
[REDACTED]		
Prescriptions	\$ [REDACTED]	
[REDACTED]		
[REDACTED]		
<b>TOTAL MONTHLY:</b>		\$ [REDACTED]

G. MISCELLANEOUS MONTHLY EXPENSES

[REDACTED]	
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$ [REDACTED]
[REDACTED]	
Subscriptions, books	\$ [REDACTED]
[REDACTED]	

Charitable contributions

\$

Travel, vacations

\$

Gifts

\$

Attorney fees

\$

Additional taxes paid (not deducted from wages) (type)

\$

TOTAL MONTHLY:

\$

\$

H. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed.)

Examples: car, credit card, rent-to-own, cash advance payments

To whom paid

Purpose

Balance due

Monthly payment

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

TOTAL MONTHLY:

\$

\$

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$ \_\_\_\_\_

**OATH**

[Do not sign until notary is present.]

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires:  
\_\_\_\_\_

**COURT OF COMMON PLEAS**  
 \_\_\_\_\_ **COUNTY, OHIO**

Plaintiff/Petitioner		Case No.
v./and		Judge
Defendant/Petitioner/Respondent		Magistrate

**Instructions:** Check local court rules to determine when this form must be filed. By law, an affidavit must be filed and served with the first pleading filed by each party in every parenting (custody/visitation) proceeding in this Court, including Dissolutions, Divorces and Domestic Violence Petitions. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

**PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))**

Affidavit of \_\_\_\_\_  
 (Print Your Name)

**Check and complete ALL THAT APPLY:**

1.  I request that the court not disclose my current address or that of the child(ren). My address is confidential pursuant to R.C. 3127.23(D) and should be placed under seal to protect the health, safety, or liberty of myself and/or the child(ren).
2.  Minor child(ren) are subject to this case as follows:

Insert the information requested below for all minor or dependent children of this marriage. You must list the residences for all places where the children have lived for the last **FIVE** years.

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____ to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____ to _____	<input type="checkbox"/> Address Confidential?	_____	_____



Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____



Check this box if the information requested below would be the same as in subsection 2a and skip to the next question.

<u>Period of Residence</u>		<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived</u> (name & address)	<u>Relationship</u>
_____	to present	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____
_____	to _____	<input type="checkbox"/> Address Confidential?	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CHILDREN, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

3. **Participation in custody case(s): (Check only one box.)**

- I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.
- I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For each case in which you participated, give the following information:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CUSTODY CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**4. Information about other civil case(s) that could affect this case: (Check only one box.)**

I HAVE NO INFORMATION about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.

I HAVE THE FOLLOWING INFORMATION concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3. Explain:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**5. Information about criminal case(s):**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

<u>Name</u>	<u>Case Number</u>	<u>Court/State/County</u>	<u>Convicted of What Crime?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF MORE SPACE IS NEEDED FOR ADDITIONAL CASES, ATTACH A SEPARATE PAGE AND CHECK THIS BOX .

**6. Persons not a party to this case who have physical custody or claim to have custody or visitation rights to children subject to this case: (Check only one box.)**

I DO NOT KNOW OF ANY PERSON(S) not a party to this case who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person \_\_\_\_\_  
 Has physical custody                       Claims custody rights                       Claims visitation rights  
 Name of each child: \_\_\_\_\_

b. Name/Address of Person \_\_\_\_\_  
 Has physical custody                       Claims custody rights                       Claims visitation rights  
 Name of each child: \_\_\_\_\_

c. Name/Address of Person \_\_\_\_\_  
 Has physical custody                       Claims custody rights                       Claims visitation rights  
 Name of each child: \_\_\_\_\_

**OATH**

**[Do Not Sign Until Notary is Present]**

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
 Your signature

Sworn before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_

**COURT OF COMMON PLEAS**  
**\_\_\_\_\_ COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff/Petitioner

v./and

\_\_\_\_\_  
Defendant/Petitioner

Case No. \_\_\_\_\_  
Judge \_\_\_\_\_  
Magistrate \_\_\_\_\_

**Instructions:** Check local court rules to determine when this form must be filed.  
This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

**HEALTH INSURANCE AFFIDAVIT**

Affidavit of \_\_\_\_\_  
(Print Your Name)

**Mother**

**Father**

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enrolled in a health insurance plan through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not enrolled, do you have health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Mother**

**Father**

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes  No

Yes  No

Your spouse?

Yes  No

Yes  No

Minor child(ren) of this relationship?

Yes  No

Yes  No

Number \_\_\_\_\_

Number \_\_\_\_\_

Other individuals?

Yes  No

Yes  No

Number \_\_\_\_\_

Number \_\_\_\_\_

Name of group (employer or organization) that provides health insurance

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number

\_\_\_\_\_

\_\_\_\_\_

**OATH**

[Do not sign until notary is present.]

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**APPLICATION FOR CHILD SUPPORT SERVICES  
NON-PUBLIC ASSISTANCE APPLICANT**

**IMPORTANT:** If you are receiving ADC or Medicaid, do not complete this application, because you became eligible for child support services when you became eligible to receive ADC or Medicaid.

I the undersigned, \_\_\_\_\_ request Child Support Services from the \_\_\_\_\_ County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of the County in which services are requested.
- B. Recipients of child support services shall cooperate to the best of their ability with the CSEA. *(See attached rights and responsibility information).*

The Child Support Enforcement Agency can assist you in providing the following services:

**1. Location of Absent Parents.**

The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "Location Services Only", if the sole need is to find the whereabouts of the absent parent.

**2. Establishment or Modification of Child Support and Medical Support.**

The CSEA can assist you to obtain an order for support if you are separated, have been deserted or need to establish paternity (*fatherhood*). The CSEA can also assist you in changing the amount of support orders (*modification*), and to establish a medical support order.

**3. Enforcement of Existing Orders.**

The CSEA can help you collect current and back child support.

**4. Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearages.**

The agency can assist in collecting back support (*arrearages*) by intercepting a non-payor's federal and state income tax refunds on some cases.

**5. Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**

The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.

**6. Establishment of Paternity.**

The agency can obtain an order for the establishment of paternity (*fatherhood*), if you were not married to the father of the child. An absent parent may request paternity services.

**7. Collection and Disbursement of Payments.**

The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.

If you received ADC in the past and support was assigned to the state, back support collected will be paid to the state after you receive back support owed to you.

**8. Interstate Collection of Child Support.**

The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

C. The only fee you can be charged for services is a one dollar application fee. Some counties pay this fee for the applicants.

D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipient's personal interest.

APPLICANT INFORMATION (INFORMATION ABOUT YOU)	
Name	Date of Birth
Social Security Number (SSN)	Current Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Widowed

**Type(s) of Service(s) Requested:** All services listed \_\_\_\_\_ Location of absent parent only \_\_\_\_\_  
 Other (*please explain*) \_\_\_\_\_

I understand that the Child Support Agency - within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (IV-D Services).

Signature of Applicant	Date
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Applicants Name (Last, First, Middle)	Telephone Number (Home)
Address (Street/Routè, P.O. Box)	(Work)
City, State, Zip Code	

**INFORMATION ON CHILDREN**

	Child 1	Child 2	Child 3	Child 4
a. Name				
b. Sex				
c. SSN				
d. Date of Birth (DOB)				
e. Name(s) of Absent Parent				
f. Has Paternity (Fatherhood) Been Established?				
g. Is There An Order For Support <input type="checkbox"/> Yes <input type="checkbox"/> No				

**ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT**

	Absent Parent #1	Absent Parent #2	Absent Parent #3
Name			
Address (City, State, Zip Code)			
SSN			
Date of Birth (DOB)			
Name of Employer			
Address of Employer (City, State, Zip Code)			
Amount of Support Ordered (Wk, Bi-Wk, Mo)			
Case Number on Support Order			
Date of Support Order			
Location Where Order Was Issued (City, County, State)			
Military Service Give Date and Branch Entered			
Arrest Record: Give Date and Place of Arrest			
If the absent parent has been on Public Assistance: Give Date and Place			
Give Name and Address of Current Spouse of Absent Parent			

● Have you ever been on public assistance?  Yes  No

When (Date)	Where (City and State)	County
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**FOR AGENCY USE ONLY**

Case Name	Date Requested	Date Mailed or Provided
Case Number	Date Returned or File Date	